Managers' response to mental health issues amongst their staff

Ms Bridget T. Bryan, B.A. (Hons) [1]
Ms Aimée Gayed, M. Crim. [2]
Ms Josie S. Milligan-Saville, B. Psych. (Hons) [1,2]
Dr Ira Madan, MD [3,]
Prof Rafael A. Calvo, PhD [4]
Prof Nicholas Glozier, PhD [5]
A/Prof Samuel B. Harvey, PhD [1]

1. Black Dog Institute, University of New South Wales, Sydney, Australia
2. School of Psychiatry, University of New South Wales, Sydney, Australia
3. Occupational Health Department, The Education Centre, St Thomas' Hospital, Westminster Bridge Road, London, SE1 7EH, UK and King's College London, UK
4. School of Electrical and Information Engineering, The University of Sydney, Sydney, Australia
5. Brain and Mind Centre, Central Clinical School, Sydney Medical School, The University of Sydney, Camperdown, Australia

Corresponding Author:
A/Prof Samuel Harvey
Black Dog Institute
Hospital Road
Randwick
NSW 2031
Australia
Email: s.harvey@unsw.edu.au

Abstract

Background: Many organisations are implementing mental health training for managers to facilitate better communication between managers and employees suffering from mental health problems. Much of this training focuses on improving managers' mental health literacy and reducing stigma. However, it is unclear whether this focus is appropriate, or whether other targets, such as improving skills and confidence should be given greater consideration.

Aims: To test whether knowledge, attitudes and confidence are associated with managers' behavioural responses to mental health issues amongst their staff.

Methods: Managers from a large Australian fire and rescue service completed a questionnaire addressing their knowledge, attitudes, confidence and behavioural responses when managing employee mental health issues. The relationship was assessed using logistic regression. Odds ratios (OR) with 95% confidence intervals (CI) were calculated.

Results: Eighty-five managers responded (response rate 66%). Managers' confidence was the strongest predictor of their behaviour. Managers who felt confident discussing mental health were significantly more likely to make contact with an employee who was suspected to be suffering from a mental illness (odds ratio 15.79 95% CI 3.03-82.31, $P < 0.01$) or was on sickness leave for mental health reasons (OR 19.84, 95% CI 2.25-175.15, $P < 0.01$). Non-stigmatising attitudes towards mental illness also significantly predicted contact with a staff member off work due to mental health problems (OR 5.22, 95% CI1.21-22.54, $P < 0.05$).

Conclusions: Our findings suggest that manager mental health training should focus on building their confidence and reducing stigma in order to have the greatest chance of altering workplace practices.

Key words: mental health, manager, supervisor, training, education, fire fighters, first responders

Introduction

Managers can play a central role in determining the occupational outcomes of workers who become unwell (1, 2), with early and regular contact from managers during a period of sickness absence associated with faster return to work (3, 4). However, managers often feel reluctant or insufficiently skilled to contact a sick employee, particularly when the illness is related to mental health (5).

Many organisations are implementing mental health training for managers that aim to encourage them to initiate conversations with staff they are concerned about (6). Many of these programs focus on improving mental health literacy and/or reducing stigma (7, 8). While the aim of manager mental health training should be behaviour modification, it is unclear which, if any of the above measures need to be addressed prior to seeing behavioural change. While there is some evidence that manager training programs can improve knowledge and modify behaviour (9, 10), it is not clear whether improving knowledge is the best way to achieve this. In fact, a number of theoretical constructs, such as self-determination theory and self-efficacy theory, suggest that other concepts, such as perceived competence are better predictors of behaviour change, meaning that altering factors such as managers' attitudes and confidence may be more important, in terms of behaviour modification, than improving knowledge (11). As a result, it is unclear whether the current focus of much manager mental health training is appropriate or whether other targets such as changing attitudes, altering managers' perception of their role when dealing with sickness absence, or improving managers' confidence need to be addressed.

The aim of this study was to test which of the various measures of knowledge, attitudes and confidence are associated with managers' behavioural responses to mental health issues amongst their staff.

Methods

Our study analyses cross-sectional data collected from managers working within a large Australian fire and rescue service. All mid-level managers (defined for this study as on-shift, uniformed managers who had the primary responsibility for sickness absence management), currently working for the organisation were approached to participate in this study (n=128). The study was approved by the Human Research Ethics Committee at the University of New South Wales (HC12562).

Managers' mental health literacy, attitudes towards mental illness, confidence contacting an unwell employee, knowledge of managers' role dealing with sickness absence, and history of contacting unwell employees were assessed. Mental health literacy was assessed using a series of true/false questions about mental disorders. These questions were developed specifically for this study as previously published mental health literacy measures, which tend to be aimed at the general population, were less suitable for a group of managers considering the specific ways mental health may present in the workplace. A copy of the questions used is provided in an online supplement. Stigmatising attitudes towards mental illness were assessed using a modified version of previously published measures of personal stigma towards depression, anxiety and post-traumatic stress disorder (PTSD) (12, 13). The wording of questions from these published scales were maintained, but only those questions deemed relevant to the workplace were used. Confidence in communicating with employees on sickness absence was assessed by presenting managers with vignettes detailing various

situations and asking them to indicate their level of confidence on a five-point scale. Managers' knowledge of dealing with employees on sick leave was assessed using a questionnaire based on core competencies outlined in published guidance on managers' role supporting return to work after ill health (4). The scales used to assess confidence and knowledge, which are previously unpublished, are both provided as online supplements.

Managers' communication with employees on sick leave was assessed using a modified version of previously published supervisor interviews (3). Managers were asked to think of the most recent case where an employee was on long-term sick leave (i.e. ≥ 96 consecutive hours or 8 consecutive shifts) due to mental illness and whether they initiated contact with the employee. Managers were also asked whether they initiated contact with the last employee they recalled suspecting of suffering from a mental illness who was not yet on sick leave.

Data analysis was conducted using SPSS version 22. Managers' knowledge, attitudes and confidence scores were dichotomised at their respective medians into two groups categorised as high and low. The relationship between measures of managers' knowledge, attitudes and confidence and their behaviour was assessed using multivariate logistic regression. Odds ratios (OR) with 95% confidence intervals were calculated adjusting for managers' age as a potential confounder.

Results

Eighty-five participants completed the questionnaire, (response rate of 66%). All participants were male and were aged 36-60 years. Most participants (N=49, 58%) had more than 5 years' experience as a mid-level manager. Forty-one (48%) participating managers were able to recall a recent example of an employee who they suspected as suffering from a mental illness,

but who was not yet on sick leave, while 48 (57%) were able to recall a recent employee being on sick leave due to mental ill-health.

The associations between manager variables and behaviour in terms of contacting an employee still at work but suspected of suffering from a mental illness are displayed in Table 1. Managers' confidence was significantly associated with contacting an employee of concern, with more confident managers much more likely to have initiated contact (OR 15.79, 95% CI 3.03-82.37, $P<0.01$). Measures of managers' mental health knowledge, stigmatising views and knowledge of their role did not affect the odds of them having proactively spoken to an employee they were concerned about ($p>0.05$ for all).

Table 2 demonstrates the associations between manager factors and the odds of a manager contacting a staff member on sick leave for mental health reasons. High confidence was the strongest predictor of manager behaviour, with confident managers having more than twenty times to odds of contacting an unwell employee on sick leave compared to managers with low confidence (OR 19.84, 95% CI 2.25-175.15, $P<0.01$). Non-stigmatising attitudes towards mental health were also significantly associated with increased levels of communication initiated by the manager (OR 5.22, 95% CI 1.21-22.54, $P<0.05$). Mental health literacy was not significantly associated with managers contacting a staff member on sickness absence for mental health reasons.

Discussion

Our results suggest that a manager's confidence in discussing mental health issues and their attitudes towards mental health are positively associated with their communication behaviour. In contrast, our results also highlight a lack of any observable association between mental

health literacy and communication. These findings have implications for which aspects should be prioritised when planning manager and community mental health training programs.

Mental health training programs often focus largely on improving participants' mental health literacy, and have often been evaluated based on their ability to do so (7, 14). Our results suggest that this focus may be misguided. We found that in a sample of emergency services managers , mental health literacy is not associated with contacting employees on sick leave with mental health problems, nor with managers initiating conversations with employees suspected of being unwell. In contrast, managers' confidence in having discussions about mental health appears to be a very strong predictor of communication. Managers with higher levels of confidence were 15 to 20 times more likely to make contact with an employee who was suspected or confirmed to be suffering from a mental illness. Our findings are in line with models, such as self-determination theory and self-efficacy theory, which suggest that perceived competence is one of the key predictors of behaviour change (11). Non-stigmatising attitudes towards mental illness were also associated with contacting a staff member on sick leave with mental health problems. These findings suggest that mental health training programs should focus on enhancing participants' confidence in reaching out to someone they are concerned about and reducing stigma associated with mental illness. This will require a modification to how manager-training programs are conducted. It is likely that an increase in confidence will only be achieved by going beyond didactic knowledge-based teaching to managers learning practical skills in having difficult conversations and allowing them space and time to practice these techniques.

The generalisability of this study's findings to other occupational groups may be limited by the specificity of the study's workplace environment. Staff at this first responder service operate within a well-defined structure where managers work closely with their subordinates, and in which mental health is an issue that is frequently discussed because of routine exposure to critical incidents. Managers' levels of mental health literacy may already be above the level required to influence behaviour, reducing the observed associations between literacy and behaviour in this sample. The generalisability of this study's results is also limited by the exclusively male sample. Future studies in workplaces with a more equal gender balance and lower baseline mental health literacy among managers will be needed to address these limitations. Although adjustment was made for age of the managers, investigation into additional manager characteristics, such as previous exposure to mental illness may have provided useful information about other potential confounders impacting manager behaviour. In addition, the small number of participants who reported recalling an employee suspected of suffering from mental illness reduced the study's power and raises the chance of type 2 errors. Our findings are also limited by their reliance on self-reported measures and the use of cross-sectional data, both of which make causal inferences difficult. In particular, the tools used to measure mental health literacy, knowledge of managers' role, confidence, and managers' behaviours have not been validated against more objective measures, and the tool used to measure non-stigmatising attitudes to mental illness is an untested modification of a previously validated tool. It remains possible that these tools were not measuring the factors intended in a reliable and valid way, or that the median splits used in our analyses were not the most appropriate manner in which to divide these measures. If true, these limitations would make interpreting our results very difficult. Finally, the two behavioural outcomes considered in this study; managers contacting staff on sickness absence, and initiating discussions with staff still at work but suspected of having mental

health symptoms, are based on an assumption that these behaviours are associated with improved outcomes for employees with mental health problems. While there is some evidence that early contact from managers during a period of sickness absence is associated with earlier return to work (3), the beneficial impact of managers initiating a conversation prior to sickness absence is not yet proven.

This study shows that in a sample of male firefighters, confidence and non-stigmatising attitudes towards mental illness appear to be significantly associated with manager behaviour, while mental health literacy was not associated with self-reported behaviour. While some concerns remain about the measures used in this study, the overall results suggest that a shift in focus away from mental health literacy to techniques aimed at improving confidence and reducing stigma in manager mental health training may have the potential to improve the effectiveness of future programs.

Key points:

- Managers' confidence appeared to be the strongest predictor of their behaviour in contacting an employee suspected or confirmed to be suffering a mental illness.
- Mental health literacy was not associated with managers' behaviour, and did not impact the likelihood of them contacting an employee suspected of having a mental illness or on sickness absence for mental health reasons.
- These findings have implications for the design and implementation of manager mental health training.

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Table 1.

Association of manager attributes, adjusted for age, and contact with an employee not on sickness absence but suspected of being unwell.

		Did you initiate contact with a staff member not on sickness absence but suspected of suffering from mental illness? (N=41)	
		Yes n (%)	OR (95% CI)
Mental health literacy	High	10 (53)	0.63 (0.16-2.58)
	Low	11 (52)	
Non-stigmatising attitudes	High	13 (50)	0.63 (0.16-2.54)
	Low	9 (57)	
Knowledge of managers role	High	13 (57)	1.31 (0.36-4.73)
	Low	9 (50)	
Confidence	High	19 (79)	15.79 (3.03-82.37)**
	Low	3 (18)	

* $P<0.05$, ** $P<0.01$, *** $P<0.001$.

Table 2.

Association of manager attributes, adjusted for age, and contact with an employee on sickness absence for mental illness or stress.

		Did you initiate contact with a staff member on sickness absence due to mental illness or stress? (N=48).	
		Yes n (%)	OR (95% CI)
Mental health literacy	High	20 (77)	0.97 (0.24-3.87)
	Low	17 (74)	
Non-stigmatising attitudes	High	25 (86)	5.22 (1.21-22.54)*
	Low	12 (60)	
Knowledge of managers role	High	23 (82)	2.32 (0.61-8.90)
	Low	15 (68)	
Confidence	High	24 (96)	19.84 (2.25-175.15)** 20.31 (2.35-175.30)**
	Low	13 (54)	

* $P<0.05$, ** $P<0.01$, *** $P<0.001$.